Meeting Summary

eHealth Technical Advisory Committee
March 16, 2010 12:00-1:30PM

Summary of Key Questions/Issues/Decision Points:

- The 3/9 meeting summary was approved.
- No change of terminology is needed to clarify that "Provider" in the "Provider Directory Service" encompasses more than physicians only; instead, it is enough for the term to be sufficiently defined in the Technical Architecture.
- In response to comments from the Patient Engagement and Vulnerable and Underserved workgroups, secure messaging and referral scheduling will be included in the Technical Architecture as possible additional services for consideration as the operational plan evolves.
- Both a lab results routing/clearinghouse service and a lab results transformation service will be included in the Technical Architecture as planned non-core services. In addition, the current language that describes the routing/clearinghouse service will be clarified to express that the service includes clearinghouse capabilities, and not just routing.
- A non-core service to support the exchange of key clinical information that falls outside the limits of meaningful use and certified EHR technology will be included for consideration in the Technical Architecture. This may, for instance, be a service that performs transformations of clinical summary formats and terminologies.
- Given a lack of consensus within TAC as well as TWG's decision on a general go-forward approach to address patient identification, the Health Record Correlation Service will be removed from the description of Core CS-HIE Services, and instead will be mentioned as a possible additional service for consideration as the operational plan evolves. There were no objections expressed to this plan.
- There was support among TAC members to describe a possible non-core service for consideration in the Technical Architecture that would act as a single point of information (aka, a "super-clearinghouse") for EHR-based eligibility determination. The viability and/or relevance of such a service may change depending on whether or not eligibility checking remains part of the meaningful use criteria.
- There was support among TAC members for acknowledging the potential value of (and technical challenges of implementing) a translation service capable of translating information (e.g., discharge instructions, lab results, clinical information) into consumer-oriented, native language-appropriate terms.

Next Steps:

- The draft statement of TAC feedback to CalPSAB will be sent out via the email discussion list for review. TAC members are asked to provide comments regarding the drafted statement prior to the next meeting, preferably through the email list or by sending a message to scott.whyte@chw.edu.
- The public comment period for the Operational Plan ends on 3/22. Co-chairs and staff will process comments about the Technical Architecture by the 3/23 TAC meeting so that TAC can make any key decisions needed to resolve the issues raised.
- The next TAC meeting is scheduled for 3/23; this will most likely be the last TAC meeting prior to the submission of the Operational Plan on 3/31.

Detailed Summary

Approval of Meeting Summaries

Wayne Sass motioned and Rama Khalsa seconded that the 3/9 meeting summary be approved. There being no objections, the motion was passed.

HIE Summit Meeting Update

Please refer to the HIE Summit Meeting Notes on the TAC project space for a summary of the meeting.

There was a good exchange of ideas at the meeting, with a high level of engagement by those in attendance. While many comments were made and questions answered, no dramatic disagreements or new issues were raised. Some of the interesting points made at the meeting which pertain to the Technical Architecture include:

- The existence of formal opposition by the ACLU to a state-endorsed "opt-out" policy, as well as "opt-out" pilots of any sort. Lucia Savage pointed out that this position was made clear by the ACLU in November.
- Sustainability
    - There was some difference in opinion around whether providers would be willing to pay for HIE Services, with arguments heard on both sides.
    - Taxes and/or fees are a potential funding mechanism that should still be considered.
- There was some confusion about the meaning of the term "Provider" in "Provider Directory Service," with some people in attendance believing this to be synonymous with "Physician." At the summit meeting, a suggestion was made to replace "Provider" with a different term. However, members of TAC including Lucia Savage, Wayne Sass, and Jonah Frohlich felt that the term is commonly used to refer to the broader meaning, and that it would be best to simply make sure that the term is clearly defined in the Operational Plan.

TAC Feedback to CalPSAB

Scott Whyte has drafted a statement representing feedback to CalPSAB about the current privacy and security guidelines. The language drafted thus far is meant to spur additional discussion among TAC members, and it is fully expected that certain issues raised will require debate and formal resolution within the committee. The three general issues that are addressed in the draft statement are (1) the use of individual health information through HIE for treatment (and public health) purposes only, (2) the current leaning towards an "opt in" consent policy for HIE, and (3) the proposed handling of sensitive information.

The draft statement will be sent out via the email discussion list for review. TAC members were asked to provide comments regarding the drafted statement prior to the next meeting, preferably through the email list or by sending a message to scott.whyte@chw.edu.

Suggested non-core services for inclusion in the Operational Plan

The bulk of the meeting was spent discussing the possible inclusion of several non-core services in the Operational Plan that will be submitted to ONC on 3/31. Walter noted that given the current time constraints, the rationale for mentioning these services in the technical architecture at this point are to address specific comments that have been raised by other workgroups and to make mention of the services that are being prioritized by TAC, with the understanding that any of the services may change as the Operational Plan continues to evolve and mature beyond 3/31.

Services suggested by other workgroups

Two non-core services were suggested based on the comments received by the other workgroups about the technical architecture. These services are listed below, along with comments from the group.

- Secure messaging service (from Patient Engagement workgroup).
    - Ron Jimenez asked whether the service is intended to be distinct from electronic mail. Jonah Frohlich suggested that the general process to follow would be to task TWG with reviewing relevant technical approaches and articulating the required specifications for such a service.
- Referral scheduling service (from Vulnerable and Underserved workgroup).
    - Lucia Savage mentioned that the idea of an appointment scheduling service was raised at the California Telehealth Network advisory board.
    - Ron Jimenez raised the point that referral scheduling would be technically challenging to implement, given a lack of standards and wide variability in approaches. Rama Khalsa agreed, stating that each practice would potentially have different criteria for an appropriate referral. On the other hand, Ann Lindsay noted that a community referral service for Humboldt County had recently been successfully implemented, and that it had a lot of value.
    - Ron suggested that the document point out the possibility of an office appointment scheduling service as well as a referral scheduling service, since the former would be less technically onerous to implement.

There was general agreement among participants with the staff proposal to include secure messaging and referral scheduling in the Technical Architecture as possible additional services for consideration as the operational plan evolves.

Services to support lab results reporting

Two non-core services to support lab results reporting have been generally identified/described by TAC in previous meetings. These services are listed below, along with comments made by the group.

- Service 1: a standardized, centralized way for labs to deliver results to a single ”clearinghouse” that will then forward the labs to the intended EHR or public health registry
    - Terri Shaw and Jonah Frohlich agreed that the above description of Service 1 should be edited to clarify that the service is meant to provide the “clearinghouse” function as opposed to simply a way to deliver results to a clearinghouse.
- Service 2: a service to transform the format of lab results produced by labs to the format that can be correctly routed by Service 1.

There was general agreement among participants with the staff proposal to include both lab services in the Technical Architecture as planned non-core services.

Support for exchange of key clinical information

Walter posited that the CS-HIE Core Services defined in the Technical Architecture, when used in conjunction with certified EHRs, will be sufficient to achieve the exchange of key clinical information for Stage 1 meaningful use. In particular, he raised the following points.

- Stage 1 meaningful use for both eligible professionals and hospitals requires:
    - the capability to exchange key clinical information among providers of care and patient authorized entities electronically
    - the provision of a summary of care record for each transition of care and referral

- The EHR certification criteria released by ONC include the capability to:
    - Electronically receive a patient summary record from other providers and organizations in accordance with specified clinical content and terminology standards
    - Electronically transmit a patient summary record to other providers and organizations in accordance with specified clinical content and terminology standards
- The relevant HIE capability needed to enable electronic exchange of key clinical information between certified EHRs, as established in the 2/3 TAC meeting, is an infrastructure to correctly address and securely transmit the specified types of information in an acceptable data format from one authorized entity to another. This capability is established through the CS-HIE Core Services. Thus, it would appear that clinical summary exchange between providers who are using certified EHRs only requires CS-HIE Core Services to enable the transaction.

Terri Shaw raised the concern that the CS-HIE Core Services would only be sufficient to enable the ideal case of clinical information exchange between two "meaningful users" (i.e., incentive payment recipients who are using certified EHR technology). In reality, it is likely that many transactions will involve at least one party that is a "non-meaningful user", including social workers, case workers, allied health professionals, and other elements of the healthcare ecosystem not covered by meaningful use. She felt that focusing exclusively on support for meaningful use could lead to the state building a very large solution for a relatively small number of people. She suggested that non-core services to support bi-directional HIE involving "non-meaningful users" be considered.

Lucia agreed with this suggestion, stating that because of the lack of incentives, the free market would be unlikely to develop the necessary support for exchange among parties not eligible for meaningful use payments. Jonah also voiced his agreement, mentioning that information exchange during the care transition to/from long-term care facilities is not covered by meaningful use, but would nevertheless be important to support.

There was general agreement that a non-core service to support the exchange of key clinical information that falls outside the limits of meaningful use and certified EHR technology should be included in the Technical Architecture. This may, for instance, be a service that performs transformations of clinical summary formats and terminologies.

Support for eligibility determination

Wayne briefly introduced the proposition of an "all-payer portal" (APP) as a non-core service, which will be discussed further at the next TAC meeting. He mentioned that the possibility of developing an APP was discussed with Tom Williams (IHA) and Cindy Ehnes (DMHC), who have been engaged in a separate APP initiative. There may be an opportunity to harmonize requirements so as to have a single statewide all-payer portal, although there are timing issues with having to wait for the state's planning process. It is also possible that an all-payer portal that is developed and operated independently of the state HIE infrastructure will not be subject to the same consent guidelines proposed by CalPSAB.

Report from Eligibility Task Group

Lucia Savage reported that the eligibility task group met Tuesday morning (3/16) and explored five possible services. In brief, these are:

- A single sign-on service that connects providers to various health plan web portals – this needs further exploration.
- A patient matching service – the group was unable to come to agreement about the nature and merit of such a service.

- Consent management – there is currently too much uncertainty with the current consent landscape to determine the nature of this service.
- Support for batch eligibility transactions – this represents a real need among medical groups, but no task group members were not convinced that the problem should be solved by the Governance Entity.
- Service that provides source of eligibility information for capture by small physician practice EHR systems – this service would provide a single source of eligibility information for use by EHR vendors, who would pay a transaction fee to access the resource (instead of the clearinghouses that they currently use). Whether this resource is a "super-clearinghouse" operated by the GE, or a service that routes eligibility queries to health plan end-points, has yet to be discussed.

The following comments were brought up by meeting participants:

- In response to the last service mentioned, Bill Spooner noted that there have been numerous comments in response to the proposed meaningful use guidelines advocating that eligibility determination and claims submission be dropped from the list of meaningful use criteria, since most EHRs don't support this capability. If this occurs, then much of the rationale for the proposed service would no longer exist.
- Bill also expressed concern that the proposed GE-operated "super-clearinghouse" service would be (1) re-creating infrastructure that already exists, and (2) creating a state-run monopoly. Lucia Savage clarified that the state would not be requiring EHR vendors to use the service, and that it would simply be an option that could be chosen if it had value.
- Walter asked for clarification from the group on whether the service being proposed should be included in the Operational Plan for the 3/31 submission, given the uncertainty of the meaningful use rule with respect to eligibility checking. Lucia Savage, Jonah Frohlich, and Wayne Sass felt that **the service being proposed should be communicated to the Governance Entity for consideration with the caveat that the situation around meaningful use might change in the future.**
- Rama Khalsa supported the idea of a single service for eligibility offered to providers that would obviate the need to call health plans or log into individual health plan websites.

Health Record Correlation Service

Walter reported that TWG voted to defer design of the Health Record Correlation Service (HRCS) as a separate, discrete shared service. Instead, TWG will revisit the issue as patient-identification requirements of other services become apparent. Additionally, TAC has not come to consensus on inclusion of such a service in the Technical Architecture.

Therefore, the current plan is for the HRCS to be removed from the description of Core CS-HIE Services, and to instead be mentioned as a possible additional service for consideration as the operational plan evolves. There were no objections expressed to this plan.

Other Comments

Terry Shaw and Ray Otake expressed the desire for a patient translation service capable of translating information (e.g., discharge instructions, lab results, clinical information) into consumer-oriented, native language-appropriate terms. While not identified as a top priority by TAC and acknowledged to be technically difficult to implement, it is a service that has value for patient engagement and should be addressed at some point. Walter suggested that this service could be mentioned under the patient engagement section of meaningful use.

Jonah expressed the importance of describing the prioritized non-core services for lab results reporting, eligibility determination, and clinical summary exchange in sufficient detail so that readers will understand the value of the shared services being proposed. The core services, while having intrinsic value, have little market value by themselves. The core services should be understood as a "platform" that enables the development of other value-added services on top of it (analogous to the iPhone platform enabling the development of iPhone apps).

Members Present

Name	Title and Organization
Rim Cothren	TWG Liaison
Jonah Frohlich	Deputy Secretary of Health IT, CHHSA
Jeff Guterman	Medical Director, LA County Dept. of Health Services
Ron Jimenez	Associate Medical Director, Clinical Informatics, Santa Clara Valley Health & Hospital System
Scott Joslyn	CIO, Memorial Care
Rama Khalsa	Health Director, County of Santa Cruz
Ronald Leeruangsri	County of Los Angeles Chief Executive Office
Ann Lindsay	Health Officer, Humboldt County
Mason Matthews	County of Los Angeles Chief Executive Office
John Mattison	CMIO, Southern California Region Kaiser Permanente
Glen Moy	Sr. Program Officer, California Health Care Foundation
Kim Ortiz	Chief Deputy Director, Medi-Cal
Ray Otake	CIO, Community Health Center Network
Ray Parris	CIO, Golden Valley Health Center
Christy Quinlan	Chief Deputy Director, CA Office of the State Information Officer (OCIO)
Wayne Sass	CIO and Privacy Officer, Nautilus Healthcare Management Group
Lucia Savage	Assoc. General Counsel, United Health Care
Linette Scott	Deputy Director, Department of Public Health
Terri Shaw	Deputy Director, Children's Partnership
Bill Spooner	CIO, Sharp Healthcare
Scott Whyte	Sr. Director for Physician and Ambulatory IT Strategy, Catholic Healthcare West
Tom Williams	Executive Director, Integrated Healthcare Association

Staff Present

Name
Walter Sujansky
Peter Hung